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Strategies from the Field Current Recruitment and Retention Tips "That Work" Provided by MAI-CoC Grantees

There are many reasons why individuals may not seek services or remain engaged in care, including health insurance gaps, substance use or mental health problems, and poverty. Health literacy, fear, a feeling of not "being ready," or characteristics of the health setting, such as a need for a higher level of cultural competence, have been noted as other common barriers to care. Inclement weather can present an additional obstacle to clients in need of care: during winter months, unpredictable weather, longer nights, and colder temperatures can lead to isolation and stress that may contribute to relapse in some clients, and others may be more difficult to locate as shelter needs may change. Shelter concerns and impacts on care unique to the season and weather may also arise in the summer, due to extreme or unpredictable heat, power outages, and other significant and severe weather conditions. Providers should account for these concerns when assessing and implementing client retention strategies.

Common Recruitment and Retention Barriers

• Unstable transportation to appointments

Even when a clinic can provide transportation, some locations may become inaccessible due to treacherous driving conditions, rain or ice, or other road conditions.

• Disrupted phone or email service

When overwhelmed by other financial obligations, some clients may not be able to pay their phone bill, or electronic/digital communication (texting, etc.).

• Housing instability

Clients might spend most of their days on the street, move from shelter to shelter, stay with various friends and family for uncertain periods of time, or leave the area during certain seasons.

Recommendations

Client retention requires a deliberate and client-centered process that keeps participants returning to programs. It begins with intake, continues through service delivery, and does not end until all client needs are addressed. To ensure successful retention in care, sites should consider the following strategies:

• Establish a strong screening and eligibility form and intake process.

- o Ensure you will be able to consistently follow up with clients that you screen and engage in services.
- Ask clients to attend a couple preliminary appointments to gauge their interest and commitment to the program.
- o Communicate with the client about program expectations.
- o Ensure that the intake interview is a positive experience for the client.
- o Monitor new staff throughout their start-up in the field during initial recruitment trips to ensure recruitment messages are consistent with the program expectation.





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• Compile a comprehensive locator form at enrollment.

- o Ask clients for the names of places where clients spend their time and the numbers of any nearby pay phones.
- Obtain client cell phone numbers, as well as the numbers of close friends and family (both local and out of the city/state).
- Ask if you may take a photograph of a client.
- o If a client receives other benefits such as TANF, WIC, SSDI, or VA services, request the contact information of his or her case worker.
- O At each visit, ask clients to review their locator form and make any necessary updates.
- Utilize contingency management techniques in structured programs for substance use disorder recovery. https://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment/behavioral-0

• Offer incentives to help keep clients interested in returning and for data collection.

- o Provide sanitary kits with shampoo, soap, deodorant, and other hygiene products.
- o Offer bus and subway passes for clients, to access other essential services.
- o Offer baby-sitting to support care for minor children during client appointments.
- o Support program data collection by using allowable non-cash/card incentives.

• Provide transportation support or meet in community for client appointments.

- Offer bus or subway passes for appointments.
- o Use smaller vehicles to reach areas that are inaccessible by vans or larger vehicles.
- Arrange to meet in the community or pick-up/drop-off clients at agreed-upon locations that are convenient and accessible by car or van.

• Consider clients' unique needs when scheduling appointments.

- o For instance, does the client need to be at the shelter by a certain time to access a bed?
- o Is the client going to be staying with a relative for a few weeks out of the city?
- o Is extreme weather anticipated for the next few days?

• Keep in touch in between appointments.

- o Grantees can organize events to keep clients engaged, including graduation ceremonies, holiday celebrations, commemorations, movie nights, and potlucks.
- Have a "drop-in" center where people can come for a few hours a day to keep warm/cool, read, watch TV, or have coffee or hot chocolate.
- Offer a "life skills" class or other workshops.
- o Send reminder cards in between appointments such as birthday or holiday cards.
- o Add movie/museum passes or grocery coupons in client mailings, also offered in person.
- o Provide client appointment reminders using phone/text, by client choice.





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• Focus on the relationship with staff.

- Ensure that clients experience consistency with their counselors; share information about upcoming staff departures that impact consumers, as early as possible, to assure a smooth transition in times of change.
- o Encourage a good relationship between clients and staff, volunteers, and peers.
- o Treat peers and volunteers with respect and understanding.
- o Build strong relationships to promote trust.
- o Deliver services based on client readiness.

• Apply a wraparound approach to providing care.

- o When possible, combine services into one appointment time or on the same day.
- o Recruit clients from programs within your agency ("in-reach").

• Draw on community resources and infrastructure.

- Use peer and staff outreach workers in the community to recruit and outreach to participants and disseminate information through their social networks.
- Provide additional resources through partnerships with other community organizations, including CBOs, hospitals, shelters, food banks, clothing banks, and single resident occupancy (SRO) hotels.
- Explore opportunities to provide services at local government agencies, including emergency services, police departments, parks, subway and state police, protective services, local court systems, and libraries.
- O Not only for clients experiencing unstable housing or homelessness, but for all, identify (and/or maintain) a nearby "drop-in" center where people can come for a few hours a day to network with peers, keep warm/cool, read, watch TV, and access the internet.

• Support for clients experiencing unstable housing or homelessness.

- Offer to help a client set up an email an account to help support follow-up efforts.
- Maintaining a "drop-in" center, as noted above, is also of particular importance for people experiencing unstable housing or homelessness, and may be used as a mailing address.
- Allow clients to leave their HIV medications with the HIV/primary care nurse, onsite in a secure, locked medication cabinet. When clients come in daily, they are eligible to meet with the nurse, peers, and other support staff, and receive beverages and snacks to take with their medications, or to use later.
- Offer a "life skills" class or other workshops.
- o Provide sanitary kits with shampoo, soap, deodorant, and other hygiene products.
- Organize or participate in a coat drive that provides winter clothes (coats, jackets, sweaters, hats, gloves) to clients, and easy-care summer items (t-shirts, sunglasses, hats).

• Collaborate with other SAMHSA grantees.

Officer, and use the SAMHSA Services Locator, https://findtreatment.samhsa.gov, to identify other programs and SAMHSA grantees in that area. Clients who are eligible and meet criteria may be able to access services from other identified sites or locations.



